

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10596316

FILING DATE

6-9-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		3		1		
9		3		1		
10		3		1		
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16		3		1		
17		3		1		
18		3		1		
19		3		1		
20		3		1		
21		3		1		
22	1		1			
23		1		1		
24		1		1		
25		1		1		
26		4		1		
27		4		1		
28		3		1		
29		3		1		
30		3		1		
31		3		1		
32	1		1			
33		1		1		
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35		3		1		
36		3		1		
37	1		1			
38		1		1		
39		1		1		
40		3		1		
41		3		1		
42						
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	51	←	37	←		←
TOTAL CLAIMS	55		41			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						